



Commission on Improving *the* Status of Children in Indiana

Meeting Minutes

Commission on Improving the Status of Children in Indiana
Wednesday, February 14, 2018
Indiana State Library

- Dr. Kris Box, Indiana State Health Commissioner, Indiana State Department of Health
- Christine Blessinger, Director, Division of Youth Services, Department of Correction
- Senator Jean Breaux
- Jason Dudich, Director, State Budget Agency
- Representative David Frizzell
- John Hammond IV, Office of the Governor
- Curtis T. Hill, Indiana Attorney General
- Senator Erin Houchin
- Larry Landis, Executive Director, Public Defender Council
- Susan Lightfoot, Chief Probation Officer, Henry County Probation Department
- Dr. Jennifer McCormick, Superintendent of Public Instruction, Indiana Department of Education
- Kevin Moore, Director Division of Mental Health and Addiction
- David Powell, Executive Director, Indiana Prosecuting Attorneys Council
- Justice Loretta Rush, Chief Justice of Indiana
- Terry Stigdon, Director, Indiana Department of Child Services
- Representative Vanessa Summers
- Dr. Jennifer Walthall, M.D., Secretary, Indiana Family and Social Services Administration
- Mary Willis, Chief Administrative Officer, Indiana Office of Judicial Administration

1. Welcome and Introductions, approval of minutes

John Hammond called the meeting to order at 10:00. John had all Commission members, staff, and guests introduce themselves. John recognized Terry Stigdon, the new DCS director, as a new member of the Commission and a member of the Executive Committee.

Action: Chief Justice Rush made a motion to approve the minutes from the November 8 meeting and Kevin Moore seconded. Minutes were approved, 11-0.

2. Strategic Priority: Child Safety & Services

Presentation: Dr. Box and Dr. Walthall gave a presentation on neonatal abstinence and Medicaid spending for births (beginning on p. 4 of the [meeting PowerPoint](#)). Dr. Box reviewed the definition of neonatal abstinence

and the symptoms, long-term outcomes, and the current recommended treatment for that condition. Dr. Box also reviewed the latest data from the 26-hospital pilot project where high-risk infants are being tested for the presence of various substances in the umbilical cord.

Discussion: Dave Powell noted that multidisciplinary teams are working with substance-using moms in the hospital, and he recommended that for those mothers who are under court supervision—whether criminal or CHINS—that their case worker or probation officer be included on the MDT. This would help ensure that the treatments and services being offered are aligned with the conditions of their court supervision; for example, in the case of medication-assisted therapy that would show up on a court-ordered drug test. Dr. Box pledged to work with Dave on the protocol for that, as the program is being rolled out to new hospital sites.

Chief Justice Rush mentioned that Indiana is working on expanding family recovery courts, so children can safely stay at home while parents receive treatment, and there is intensive court involvement. She mentioned the START program in Kentucky, which is designed to do that.

Dr. Box said the patients also are counseled on Long-Acting Reversible Contraceptives (LARCs) and are also followed at home to ensure they get the services they need, whether that be inpatient therapy, outpatient therapy, or something else.

Dr. Rush asked why we are not screening all infants. Dr. Box said that is where we are headed, and some larger hospitals already are screening everyone—though patients always have the right to opt out. Chief Justice Rush proposed the idea of partnering a pilot hospital with a family recovery court to really develop the model. Judge Pratt said that a meeting was already scheduled between the court and the hospital in Ft. Wayne, and Dr. Box indicated that if they came up with a successful model, ISDH could roll it out.

John Hammond asked if there were any barriers to universal screening, and Dr. Box mentioned the cost. She said there was initially also a barrier with obstetricians, who were concerned that there wouldn't be resources to deal with what was found in the testing. More resources are available now and more doctors are equipped to treat these women.

Presentation: Dr. Walthall presented on the financial impact of neonatal abstinence syndrome on Indiana Medicaid. She stated that Medicaid is excited to be a partner and provide resources to help combat the opioid problem. She presented data on the number of pregnant women with substance use disorder diagnosis and the cost of births with and without NAS. Over time, the diagnosis and treatment have become more standardized, which has brought the cost down from \$25,582 per newborn with NAS in 2014 to \$10,304 in 2017. She noted that First Steps participation has increased significantly over the past few years, and a lot of that is due to infants with NAS who need additional developmental support into their toddler years. Dr. Walthall also presented data on the cost of medical care to children ages 1-3 who had a NAS diagnosis compared to toddlers who did not have a NAS diagnosis. She also presented data on the cost when LARCs are used, which is dramatically lower. She indicated that healthy birth spacing is an important part of the strategy and Medicaid does cover the cost of placing LARCs. She also noted the importance of aligning goals among all of the different systems that touch these women and children, including DCS, Medicaid, ISDH, and the justice system.

Discussion: Chief Justice Rush asked about jail-based treatment and whether a Medicaid waiver would allow for people to start treatment while they are in jail. Dr. Walthall said that there is a federal ban on Medicaid paying for treatment during incarceration, and that medical treatment in jails must be financed at the county level, which is daunting. She indicated that there are 14 jail-based pilots around the country that are providing Medicaid-type services, and that Indiana is following those closely.

Chief Justice Rush asked about the use of telehealth in rural areas. Dr. Walthall said that Medicaid is marching forward with telehealth in psychology and psychiatry, but said it is more challenging with MAT, because the

patient needs to be physically seen. Dr. Walthall said that 5 new opiate treatment programs were added in 2017, and there was a hope to add 9 more in 2018-19, so that every Hoosier would be within an hour's drive of treatment. She indicated that telehealth and telepsych are part of the overall strategy as well. She also stated that jails now have the ability to get people signed up to Medicaid 30 days before release, and about 80% of jails are now doing so. DOC has been doing so even longer.

Dave Powell underscored the difficulty for local counties of paying for treatment and mentioned that sometimes people needing treatment are released from jails. Something that complicates the issue is that with sentencing reform, many drug offenses are no longer eligible for DOC, so that option is off the table for treatment. Dr. Walthall mentioned that Medicaid has a new program that does pay for inpatient treatment for incarcerated individuals, and that is going very well. Dr. Walthall also mentioned that there are some pilots where jails are partnered with local opioid treatment programs and are providing transport for incarcerated mothers to their daily treatment.

Presentation: Terry Stigdon and John Hammond provided a brief update on the external assessment process at DCS. John mentioned that the Governor had arranged a third-party assessment of DCS, which started on January 3. It's a comprehensive assessment, looking both inside and outside the Department at the functioning of the agency and how it delivers services. The Governor seeks to be fully transparent with the assessment, which is non-partisan. There was an interim progress report on February 1, another is expected on March 1, and final results are expected in June.

Terry said CWG has been interviewing both DCS employees and stakeholders, including service providers, legislators, and judges. They still have more interviews to complete, and then they will go out into the field in five regions. When they visit each region, they will pull as many DCS employees from the region as possible so as to hear from as many counties as possible. They will spend a week in each region observing as well as interviewing.

Presentation: In the absence of Rep. McNamara, Julie Whitman provided the update that the Child Services Oversight Committee was planning to meet on February 21, 2018. She said that Rep. McNamara and the committee will be prepared to receive the DCS assessment report and bring recommendations to the Commission, as all the Task Forces and Committees do.

Presentation: Dr. Leslie Hulvershorn provided a brief update on the work of the Child Safety and Services Task Force. She indicated that subcommittees are working on safe child care settings, older youth transitioning to independence, and identifying strengths within the Medicaid system and now turning to weaknesses in getting coverage for kids. She said the task force will have some exciting news at the April meeting on suicide prevention. She mentioned that the task force has aligned with the other task forces around trauma and formed a subgroup on that, which is doing a survey on what is happening around the state.

Discussion: Chief Justice Rush asked about best practices for trauma-informed practice in the judicial branch. Leslie indicated that Judge Pratt sits on the trauma subcommittee and would bring that perspective. Chief Justice Rush said that the science is there, but wondered if we were doing enough with dispositional decrees and other tools of the court to implement trauma-informed practice. She asked that trauma-informed practices be integrated into the judicial training that Dr. Hulvershorn and Judge Willis are working on for July.

Dr. Walthall noted that Indiana is one of just a few states that does not have comprehensive screening for ACES. She said that no one owns it, but we all own it. She said DMHA and Medicaid are working on how to move health care system touch points to ACE screening and then changed service delivery based on the screening results. She indicated that this can happen at any point where a person interacts with a system (court, doctor's office, DFR office, etc.), and that conversation is moving forward.

3. Strategic Priority: Mental Health & Substance Abuse

Presentation: SIRRILLA Blackmon provided a brief update on the progress of the Mental Health and Substance Abuse Task Force. SIRRILLA recognized Cathy Graham, a member of the task force who is retiring. SIRRILLA said the task force is looking at assessment tools, expanding integrated care efforts, collaborative mobile crisis response for youth, and licensing for mental health professionals.

4. Strategic Priority: Educational Outcomes

Presentation: Melaina Gant provided a brief update on the progress of the Educational Outcomes Task Force. Melaina said that the Educational Outcomes Task Force has organized into three subcommittees to complete their objectives. The Educational Passport subcommittee is looking at what happens when vulnerable youth move between schools due to juvenile justice or foster care involvement. The Discipline subcommittee is hearing about different practice models from around the state that have been successful. This committee is also following HB 1421, which addresses many of the issues this committee was formed to look at, including disproportionality in school discipline, the impact of exclusionary discipline, and the use of restorative practices. The Task Force is also working on reporting on graduation rates for vulnerable youth with MPH, but has run into some systemic barriers to getting the data together. HB 1314 has the potential to open the door to information sharing for all vulnerable youth on their educational outcomes. The third subcommittee is looking at wraparound services co-located in the schools. They have compiled research and will be making recommendations at a future meeting.

Discussion: Chief Justice Rush underscored the importance of getting the graduation rates for foster youth to be able to see how to improve them. Melaina noted that the Every Student Succeeds Act has placed a spotlight on foster youth and homeless youth as well, requiring disaggregation of data for those groups.

5. Strategic Priority: Juvenile Justice and Cross-System Youth

Presentation: Judge Charlie Pratt and Don Travis provided a brief update on the progress of the Juvenile Justice and Cross-system Youth Task Force. The task force is working on researching the best options for status offenders, the services that are available to delinquents, and the funding provisions for the service array, as well as whether there should be a minimum age for juvenile delinquency. The Task Force has also been in conversation with the Council of State Governments, which is offering an external assessment and technical assistance to look at these items and others. The Commercially Sexually Exploited Children sub-group is also working on piloting a human trafficking screening tool in juvenile probation settings.

Judge Pratt recapped previous work the Task Force did last year to promote legislation requiring courts to determine, when children have indications of both delinquency and maltreatment, which system will better serve those children. That legislation is now in place, and Indiana is the only state in the nation with a law on dual status children. Judge Pratt emphasized the importance of understanding trauma when responding to juvenile delinquents.

6. Committee Brief Updates

Presentation: Tyler Brown and Tamara Weaver gave a brief update on the progress of the Data Sharing and Mapping Committee. The Committee is working to identify the data sharing and mapping needs of the Task Forces to support the work of the Commission.

Presentation: In the absence of Kathryn Dolan, Julie Whitman gave a brief update on the progress of the Communications Committee. She provided an updated Communications Plan and noted that the Committee had discovered gap in the Commission's stakeholder networks, in the area of law enforcement. Julie reported she would reach out to the Indiana School Resource Officer Association and asked the Commission for additional suggestions for connecting to law enforcement. The Committee also presented a list of the CISC agencies that are currently represented on the Communications Committee and those that are not. In particular, there is

currently no representation from the legislative branch on the Communications Committee. The Committee would like to reach out to potential new members from the agencies and caucuses not currently represented.

Discussion: Chief Justice Rush suggested the Commission take advantage of the pooled communications resources to come up with a list of top five messages regarding vulnerable youth the Commission would like to put out to the public.

7. Executive Director Updates

Presentation: Julie Whitman presented the [Roles and Responsibilities](#) document for Commission approval.

Discussion: Dave Powell suggested that the Commission agree to follow Robert's Rules of Order as part of the document. Jason Dudich suggested removing the word "pending" from in front of legislation, to give flexibility to the Commission to propose new legislation. Jason also proposed adding language to the Executive Director's role to clarify that the Executive Director speaks on behalf of the Commission with the consent of the Executive Committee.

Action: Chief Justice Rush moved to adopt the Roles and Responsibilities document with the suggested changes, and Jason Dudich seconded the motion. The motion passed 10-0.

Julie additionally presented a [spreadsheet](#) intended to track progress on the strategic plan. She noted that all task forces have objectives that are in progress, and she noted that the Task Forces were going to review the timelines for their objectives and make adjustments if needed. She said that the tracker would be provided at each meeting to ensure the Commission members have the opportunity to review the strategic plan at each meeting.

Julie also presented a [summary of bills](#) she has been following in the legislature that will have an impact on children. She pointed out those that specifically relate to the Commission, including SB224, SB177, and HB1270.

Discussion: John Hammond suggesting adding a column to the bill tracker to indicate the relevant CISC agency for each bill.

Julie also distributed the 2018 meeting schedule and asked CISC members to ensure all meetings are on their calendars, and she distributed a summary of research on the impact of marijuana on youth. She also reminded Commission members about the "State of the Child" event to be held on February 15 at the State House and encouraged all Commission members to attend.

8. Legislative Updates

John said that DCS agency bills were mostly related to child support and were progressing well. On behalf of FSSA, Kevin Moore mentioned there were several bills related to licensing and workforce issues, as well as opioid treatment services. Dr. Box said the main bill for the health department of interest to the Commission was the bill establishing levels of care for birthing hospitals, which had passed the Senate unanimously. Dr. Box noted that the states that had previously passed this legislation had improved their infant mortality rates and decreased costs. On behalf of the Courts, Mary Willis reported on the Foster Parents Bill of Rights, CASA immunity bill, and a requirement that predispositional reports in CHINS cases be provided 48 hours prior to a hearing. She also mentioned SB238, which is a recodification bill for the Courts with its name change.

9. Adjournment

The meeting was adjourned at 11:38 a.m.